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FACSIMILE COVER SHEET

January 9, 2006

Receiver: Examiner Smith, Bradley
Art Unit 2891

TEL #:

FAX #: 571-273-8300

Sender: Natalie Morgan for:
James E. Austin

Serial No. 10/733,858
Our Ref. No.: NOVLP090/NVLS-002888

Re: Amendment B (filed w/RCE)

Pages Including Cover Sheet(s): 17

Fax Contents: Fax Cover Sheet- 1 page
Request for Continued Examination (RCE)- 2 pages
Amendment Transmittal- 1 page
Amendment B (filed with RCE)- 8 pages
Information Disclosure Statement (as filed on January 9, 2006)- 1 page
PTO Form 1449 (as filed on January 9, 2006)- 4 pages

MESSAGE:**CONFIDENTIALITY NOTE**

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NO. 361 P. 4/17

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Zhu et al.

Attorney Docket No.:
NOVLP090/NVLS-002888

Application No.: 10/733,858

Examiner: Smith, Bradley

Filed: December 10, 2003

Group: 2891

Title: BIASED H₂ ETCH PROCESS IN
DEPOSITION-ETCH-DEPOSITION
GAP FILL

Confirmation No. 7860

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by
facsimile to fax number 571-273-8300 to the U.S. Patent and
Trademark Office on January 9, 2006.

Signed: _____

Natalie Morgan

AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	20	MINUS	20	00	x 25 =	x 50 = 00
Independent Claims	02	MINUS	03	00	x 100 =	x 200 = 00
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$	\$00

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the
aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is
determined that such an extension is required, Applicant(s) hereby petition that such an extension
be granted and authorize the Commissioner to charge the required fees for an Extension of Time
under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional
claim fee and/or extension of time fees.
- ☒ Please charge the required fees and any additional fees required to facilitate filing the
enclosed response, to Deposit Account No. 500388 (Order No. NOVLP090).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

James E. Austin
Reg. No. 39,489

P.O. Box 70250
Oakland, CA 94612-0250

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